


UNITED STATES DISTRICT COURT
DISTRICT OF SOUTH DAKOTA
NORTHERN DIVISION

FILED
SEP - 3 2010

CLERK

SAMPSON DUMARCE, JR.,

Plaintiff,

CV 10-1023

vs.

COMPLAINT

ROBERTS COUNTY JAIL and
UNITED STATES MARSHALS SERVICE,

Defendants.

Comes Now the Plaintiff, Sampson Dumarce Jr., filing a complaint against the Roberts County Jail and The United States Marshals Service pursuant to Civil Action under 42 § 1983.


Plaintiff states that while being held in federal Custody at the Robert's County Jail in Sisseton, S.Dak., he had suffered an epileptic seizure.

Plaintiff also states that the pain and suffering due to the seizure that occurred on October 26th, 2009. was because of negligence on the Defendants' part.

Anti-Seizure medications are prescribed to the plaintiff for controlling the epileptic seizures and the medication was not properly dispensed by the Roberts County Jail. The Robert's County Jail is responsible for the medication and also that it is properly dispensed.

On October 24, 2009 and October 25, 2009, the medication was not given to the plaintiff, which caused the seizure that occurred on October 26, 2009.

Attached is a copy of the Emergency room medical Record.

Truthfully,

Sampson Dumarce Jr.

Coteau des Prairies Hospital & Clinic

205 Orchard Drive
Sisseton, SD 57262-2398
(605) 698-7647

Privacy Notice Y/N

Directory Y/N

☒ Emergency☐ Same Day Surgery☐ Observation☐ CDP Home Care☐ Out Patient☐ Clinic☐ P.T. / Rehab☐ PL Home Hlth.

ADM. NO. **529830** MED. RECORD NO. **15355** FIN. CLASS **06** PT. TYPE **22 EMER ROOM** ROOM NO. **109A**

PATIENT NAME (LAST NAME FIRST, AND INITIAL)

PREVIOUS NAME

ADMISSION DATE

TIME

DISCHARGE DATE

DUMARCE JR, SAMPSON

10/26/09

09.44

STREET ADDRESS

CITY

COUNTY

STATE

ZIP

SEX

MARITAL STATUS

11706 REDDAY DR

SISSETON

ROBERTS

SD

57262

M

SINGLE

AGE

DATE OF BIRTH

SOC. SEC. NO

HOME PHONE

RELIGION

LIVING WILL

RACE

29 Y

11/12/1979

504-96-7528

605-698-3716

PRESBYTERIAN

N

3

OCCUPATION - PATIENT

EMPLOYER

EMPLOYER ADDRESS

TELEPHONE

STUDENT

NEXT-OF-KIN-ONE

RELATIONSHIP

ADDRESS

SD 57257

TELEPHONE

HOPKINS, CHRISTINE

MOTHER

PEEVER

605-698-3781

NEXT-OF-KIN-TWO

RELATIONSHIP

ADDRESS

TELEPHONE

GUAR. NO.

GUARANTOR NAME

ADDRESS

11706 REDDAY DR

TELEPHONE

15355

DUMARCE JR, SAMPSON

SISSETON

SD 57262

605-698-3716

INSURANCE/PRIMARY AND ADDRESS

ROBERTS CO SHERIFF OFFICE PO BOX 937

SISSETON, SD

57262

CONTRACT/ 504-96-7528

GROUP NO.

OTHER INSURANCE AND ADDRESS

SELF PAY

205 ORCHARD DRIVE

SISSETON, SD

57262

CONTRACT/ 503-52-0439

GROUP NO.

ADMIT/ATTENDING PHYSICIAN

BEUMER, JUDY

/BEUMER, JUDY

CLERK

STEINER

EMERGENCY ROOM CHARGES

Emergency Room

☒ Emergency☐ Urgent☐ Elective

Brought By:

Self ☐ Police ☐☒ Ambulance☒ Relative ☐ Other ☐

ITEM

CHARGE

CHARGE

EMERGENCY ROOM

Laboratory

X-ray

EKG

Treadmill

Respiratory Therapy

ENTRANCE COMPLAINT

If accident state where, when and how injured; If illness describe:

ARRIVED BY:

AMBULANCE

☐ WHEELCHAIR☐ WALKING☐ CARRIED☐ CART

TRAUMA

☐ YES ☒ NO

Patient brought by Grant Roberts amb. from Roberts Co Jail. At around 0930, Patient had unwitnessed seizure. Pt has history of seizures last seizure at last week. Clo HA - frontal, no incontinence. Unsure of last levels drawn. Pt alert oriented x4. Hx of Seizures since age of 10. 0950 - 18G left hand - flushed & x1 attempt by J. Wehikern, States teeth intact. Aid bite tongue. Had 3cm scabbed area, on @ side of tongue. Small abrasion on 3rd knuckle, on @ hand. NOT bleeding. Chiller T. Not just.

Present Medications: see copy.

VITALS	TIME	TEMP	PULSE	RESP	B.P.	OXIMETER
	0945		120	20	141/72	97%

Allergies

NKA

Physician's Record/Treatment

Last DT

1-year ago

Ht.

6'3"

Wt.

269.9 lb

Pneumonia Shot

No

Flu Shot

No

Nurses Signature

J. Wehikern

Wt WN NA in NAD - resting in 109. Has been out of bed for seizure since 10/24/09. Neurologist is in 1015. Alert, Oriented. Normal Speech. Adequate Hydration. Right side of tongue is erythematous/ulcerated. Heart sounds clear - no edema.

DIAGNOSIS

Seizure - Known Seizure disorder

760.39

Instructions to Patient:

345.90

Physician Notified

0955 A.M.

Examined

1030 A.M.

Condition on Discharge ☐ Improved ☒ Stable ☐ PoorDisposition ☒ Home ☐ Adm. ☐ Expired ☐ Transferred

Discharge Date: 10/26/09 Time: 1155 A.M.

Accompanied by:

I have received and understand the above instructions.

See 10/26/09 instructions

Date

10/26/09

J. Wehikern MD

Roberts County Detention Center
P.O. Box 937
11924 BIA Hwy 700
Sisseton, SD 57262

Grievance Form

I, Sampson Dumore Jr
First Name Middle Name Last Name

Issue the following grievance with the Roberts County Jail, Because I currently
take anti-seizure drugs twice a day and on
October 26 2009 at 9:00 am I suffered an
epileptic seizure.

The pain and suffering of the seizure
was due because of inadequate medical
care.

The agony, pain and suffering of the
seizure was due because the medication
that is taken for epilepsy was improperly
dispensed.

My medication that is taken for epilepsy
was not given on Saturday (10-24-09) and
Sunday (10-25-09) and therefore cause the
seizure on 10-26-09.

Signature of Inmate Sampson Dumore Jr

Staff signature _____

Date _____, Time _____